

<b>SUGGESTION EVALUATION</b> (The Proponent is NGB-HR)				DATE	
TO: (Use complete address)			FROM: (Use complete address)		
1. SUGGESTION TITLE				2. SUGGESTION NUMBER	
3. ACTION TAKEN OR RECOMMENDED (Check pertinent box and furnish information according to instructions therein)					
<input type="checkbox"/> A. NOT RECOMMENDED FOR ADOPTION (Give reasons in item 4): SUGGESTION <input type="checkbox"/> MAY <input type="checkbox"/> MAY NOT BE OF VALUE AT A LATER DATE. IF YES, ALSO EXPLAIN IN ITEM 4.					
<input type="checkbox"/> B. ALREADY UNDER CONSIDERATION.		EXPLAIN ORIGIN OF ACTION IN ITEM 4. INCLUDE ALSO WHETHER OR NOT THIS SUGGESTION, PARTIALLY OR TOTALLY, CONTRIBUTED TO THE ACTION. IF YES, COMPLETE ALL OTHER ITEMS ON FRONT AND REVERSE SIDE.			
<input type="checkbox"/> C. ALREADY IN USE.					
<input type="checkbox"/> D. RECOMMEND ADOPTION, BUT APPROVAL NOT WITHIN JURISDICTION OF THIS OFFICE. REASONS FOR RECOMMENDATIONS ARE CONTAINED IN ITEM 4.					
<input type="checkbox"/> E. APPROVED FOR ADOPTION (Complete all other items on front and reverse side)					
TOTALLY		PARTIALLY (Explain)		IMPLEMENTATION DATE	
				METHOD OF ADOPTION	
				MANDATORY OR OPTIONAL USE	
<input type="checkbox"/> F. OTHER RECOMMENDED ACTION (Specify in item 4)					
4. REMARKS					
5. LIST OF ATTACHMENTS					
NAME, TITLE AND ORGANIZATION OF EVALUATOR (Include telephone extension)				SIGNATURE, TITLE AND ORGANIZATION OF RESPONSIBLE OFFICIAL	

6. TANGIBLE BENEFITS. FIRST YEAR TANGIBLE BENEFITS WILL BE CALCULATED IF AT ALL POSSIBLE. USE TABLE BELOW OR, IF INAPPLICABLE, GIVE A DETAILED BREAKDOWN OF BENEFITS UNDER ITEM 4 'REMARKS', USE ADDITIONAL PAPER IF REQUIRED.

A. FACTORS	LABOR			MATERIAL			TOTAL COST OF LABOR & MATERIAL
	MAN-HOURS INVOLVED	COST PER MAN-HOUR	TOTAL COST	NUMBER OF UNITS	COST PER UNIT	TOTAL COST	
FORMER METH.							\$
NEW METHOD							\$
<b>TOTAL DOLLAR BENEFITS</b>							\$

B. COST OF CONVERTING TO NEW METHOD

MAN-HOURS	\$
MATERIALS AND/OR EQUIPMENT	\$
<b>TOTAL COST</b>	\$

C. TOTAL FIRST YEAR NET DOLLAR BENEFITS *(Labor and material less cost of conversion)*

\$

☐ ACTUAL

☐ ESTIMATED

7. INTANGIBLE BENEFITS *(Non-measurable)*

A. VALUE OF BENEFIT IS	<input type="checkbox"/> MODERATE	<input type="checkbox"/> SUBSTANTIAL	<input type="checkbox"/> HIGH	<input type="checkbox"/> EXCEPTIONAL
B. EXTENT OF APPLICATION IS	<input type="checkbox"/> LIMITED	<input type="checkbox"/> EXTENDED	<input type="checkbox"/> BROAD	<input type="checkbox"/> GENERAL

C. EXPLAIN FACTORS SELECTED IN "A" AND "B".

8. DESCRIBE OLD METHOD *(Include references to part numbers or other specification date and prescribing directives as appropriate).*

9. DESCRIBE NEW METHOD *(Include advantages over old method, changes required, and disposition of resources saved if applicable).*